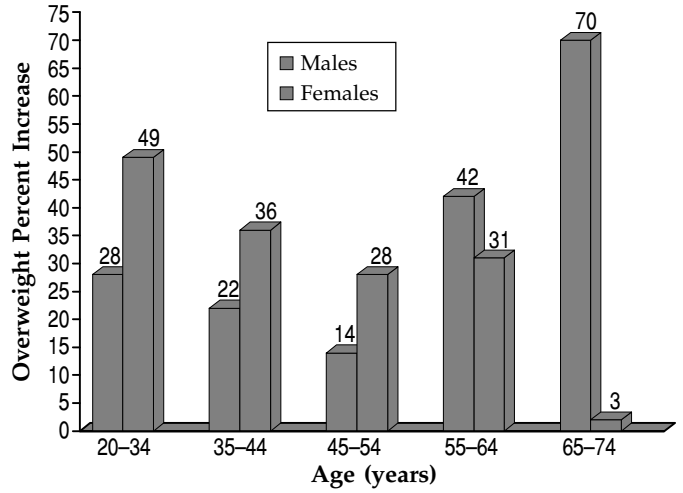
PROGRESS REPORT FOR: Nutrition

ON JULY 5, 1994, the Public Health Service (PHS) conducted a **HEALTHY PEOPLE 2000** progress review for nutrition. The Deputy Director, National Institutes of Health (NIH), the Deputy Commissioner for External Affairs, Food and Drug Administration (FDA), the Acting Director of the Division of Nutrition Research Coordination, NIH and the Director of the Division of Technical Evaluation, Office of Food Labeling, FDA, reviewed the status of the year 2000 nutrition objectives. They were joined for the review by representatives from the West Virginia Bureau of Public Health, Pennsylvania State College of Medicine, the Administration on Aging (AoA), the New England Medical Center, the Cooper Institute for Aerobic Research, the National Restaurant Association, the U.S. Department of Agriculture, the Center for Science in the Public Interest (CSPI), and the Executive Office of Science and Technology Policy. Other PHS participants included the President's Council for Physical Fitness and Sports, the Centers for Disease Control and Prevention, the Indian Health Service, and the Health Resources and Services Administration.

The NIH Deputy Director discussed the role of dietary patterns and practices in preventing disease and some of the current NIH research programs—the Lipid Lowering Intervention Program, the Bionutrition Initiative, and the Child and Adolescent Trial for Cardiovascular Health (CATCH). The FDA Deputy Director for External Affairs stressed the increasing role of partnerships, particularly public/private collaborations, in implementing the use of the revised food label.

Percent Increase in Overweight Adults Between 1976–1980 and 1988–1991 Surveys



Source: NHANES II (1976–1980) and NHANES III (1988–1991), CDC/NCHS.

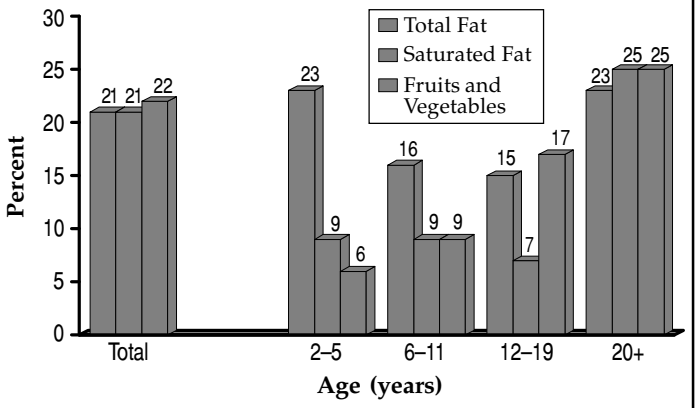
The NIH work group coordinator for nutrition reviewed the objectives dealing with overweight prevalence and weight loss practices (objectives 2.3 and 2.7). For adults 20 to 74 years old, overweight prevalence has increased from 26 percent in 1976–80 to 34 percent in 1988–91. More adults in all age groups and both sexes became overweight over the period between NHANES II (1976–80) and NHANES III (1988–91). Among women 20 to 34 years of age, there was a 49 percent increase in overweight prevalence during the time periods measured. The implications of this large increase in overweight prevalence in women during their child-bearing years is of special concern. There was a 42 percent increase in overweight among men ages 55 to 64 and a 70 percent increase in overweight among men ages 65 to 74. Many risk factors associated with overweight include chronic diseases: diabetes, heart disease, and high blood pressure. In fact, 30 percent of individuals with high blood pressure or high cholesterol and 50 percent of people with impaired glucose tolerance are overweight. These problems often can be reversed through weight loss.

Many individuals attempt to lose weight but several studies have shown that, within 5 years, a majority regain the weight lost. To maintain weight loss, diet must be coupled with increased activity, and these must become permanent lifestyle changes. Public education about the long term health consequences and risks associated with overweight and how to achieve and maintain a preferred weight is necessary. Education should start with children and include people of all ages, particularly targeting members of cultures in which overweight is particularly prevalent. A desirable image of a healthy rather than a thin body should be taught. The new food labels should aid people in planning meals that have fewer calories and less fat and are more in line with the recommended daily allowances (RDAs) and the Food Guide Pyramid. Special educational efforts will need to be targeted to those who cannot understand or read the labels.

Several participants suggested that a primary contributor to overweight is the lack of physical activity. The elevator, car, and television contribute to a sedentary lifestyle. Physical education in schools has decreased, and few States mandate daily physical activity in school. Many parents do not encourage physical activities after school because of safety concerns. Reversing the sedentary lifestyle should start with children and be maintained throughout their school careers.

The FDA work group coordinator discussed the objectives concerning the reduction of dietary fat (objective 2.5) and the increased intake of complex carbohydrates and fiber (objective 2.6). For objective 2.5, the 1976–80 baseline was about 36 percent of calories from total fat and 13 percent of calories

Percent of People Meeting Recommendations for: Total Fat (≤30% Kcal) and Saturated Fat (<10% Kcal)[1], and Fruits and Vegetables (≥5 servings a day)[2]



Source: [1] NHANES III, Phase 1, (1988–91), CDC/NSHS.
Source: [2] Continuing Survey of Food Intakes by Individuals (1989), USDA.

from saturated fat. In 1988–91, approximately 21 percent of people ingested the recommended levels for total and saturated fat. The percentage was lowest—16 and 15 percent for total fat and 9 and 7 percent for saturated fat—in the age groups 6 to 11 years and 12 to 19 years, respectively. The average fat intake does not appear to vary considerably by gender groups. Available data from 1988–91 suggest a slight drop in dietary fat intake to 34 percent for total fat and to 12 percent for saturated fat. Substantial progress is needed to reach the year 2000 goals of 30 percent of calories or less from total fat and less than 10 percent of calories from saturated fat.

Based on current 1989 estimates of the mean intake of fruits and vegetables, the average intake by the general population is approximately four servings per day, close to the year 2000 target of five per day. Only 22 percent of people in 1989 ate five or more servings of fruits and vegetables a day. The percentage of people meeting the Healthy People 2000 target recommendations increases steadily from age 2 to 20, although this increase may be due to an increase in number and size of the food servings eaten. The recommended consumption of grain products is six to 11 servings per day; however, data that assess the contribution of grain ingredients in mixed dishes to daily consumption will not be available until fall 1994.

Objective 2.8, suggested consumption of foods rich in calcium, was also discussed. The results of a NIH Consensus Conference on Optimum Calcium Intake suggested higher daily calcium levels than the current recommended daily allowance (RDA), especially for post-menopausal women. However, data from 1989–90 show no change from the baseline—only 7 percent of females 19 to 24 years and 14 percent of males 19 to 24 years eat three or more servings of foods rich in calcium daily. Among pregnant and lactating women, data indicate movement away from the target of three or more servings of calcium-rich food daily, falling from 24 percent in 1985–86 to 16 percent in 1989–90. Considering that people are not consuming recommended amounts of calcium-rich foods to meet the current RDA for calcium, the NIH Consensus Conference suggested that supplementation and food fortification be considered.

An Associate Commissioner of the AoA addressed objective 2.18, home-delivered meals for older adults. The baseline in 1987 was 7 percent; the year 2000 target is 80 percent. A study is underway to estimate progress. However, funding constraints, requirements for meal reimbursement, and poor coordination with local communities are some of the impediments to increasing the number of older adults who receive meals.

Data from 1991 show that 60 percent of the Nation's schools provided nutrition education (objective 2.19). The participants agreed that nutrition education in schools, coupled with physical activity starting in preschool and continuing throughout the school years, was essential for long-term weight control and lifelong healthy habits. An official from the USDA also discussed plans to revise the standards for child and school meal programs.

A representative from CSPI pointed out that recent estimates suggest that 40 percent of a family's money budgeted for food is spent in restaurants and carry-outs. With little guidance, other than voluntary and often inaccurate disclosure of the amounts of nutrients and calories, the customer is usually unaware of the nutritional content of many restaurant food items.The National Restaurant Association representative suggested that, if more customers request information on restaurant and carry-out foods, the selection and preparation of food will change. In addition, many restaurants will grill instead of fry and will cut down on salt or other ingredients upon request. Objective 2.16 showed an increase from 70 percent in 1989 to 75 percent in 1990 in the proportion of restaurants offering low-fat, low-calorie foods.

Public Health Service Agencies

Agency for Health Care Policy and Research
Agency for Toxic Substances and Disease Registry
Centers for Disease Control and Prevention
Food and Drug Administration
Health Resources and Services Administration
Indian Health Service
National Institutes of Health
Substance Abuse and Mental Health Services Administration
Office of the Surgeon General

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